Editorial

Finally, politicians voted on the regulation for the constitutional amendment 29. Despite the known advances in the normative definition concerning expenses in Health, we are left with the bitter taste of the fact that, once again, public health policies seem to be a priority only in governmental speeches of electoral or media opportunity.

It is not only about reacting to one more defeat, one more lost opportunity in terms of legally insuring stability, sustainability and progressivity to finance the Unified Health System (SUS); it is about understanding that successive governments deal with social policies as private conveniences and with an overly restrictive perspective.

Social policies are still not properly measured in their longitudinal perspective, nor established as State policies. Public investments are not properly accounted for in their multiple consequences and possible virtuous impacts for the economic cycles. Different governments have even given up political tensions for the consolidation of constitutional principles that translate the societal values of solidarity and equity as being guidelines for the fiscal policy and for the use of public resources.

Managerial concepts of government are prevalent, guided by a poor economic policy that lacks amplitude and long term perspective, with no nation project. The bargains for palatial 'governance' are prevalent, trafficked in occasional deals and guided by cost budgets on electoral benefits.

Many governments change, but the recycled and tamed speeches persist. Petty practices are disseminated among representatives of minor and aligned interests, in a submissive manner, in the way of social reproduction and model of economic development that produce an increasing degradation and successive crises in high scale.

In this context and consequent conjuncture, the social policies are left with the compensating and focused tendency, the vocation to ease tensions and the submission to the demands of the financial market. Due to the so called fiscal responsibility', governments consolidate the subfinancing for public subsystems, but are still semiprivatized and become less or more interesting for the market.

If this context is not new, neither are the speeches of sobriety and fiscal adjustment measures concerning the successive economic crises; the bargain of the possibilities in politics for the 'politics of what is possible', in the vicious and addicted terms of a servile pragmatism.

Then comes the part of the context that concerns SUS: to legalize improvisations and the residual budget to provide the sustainability of the costs, which requires more managerial efficiency submitted to the guidelines of the means that have become the ends.

However, those who demonstrated real commitment to the construction of Public Health Policies do not give in to such context. Protected by the public

interest and by the democratic radicalism, social movements supported by stubborn, resistant and insistent fighters persist.

Throughout these years of struggle and resistance by SUS, there are setbacks, but there is also progress. The great challenge is still on: to gain legitimacy since it belongs to the Brazilian population, to reach sustainability and governance.

Anyway, SUS will remain and persist as social praxis and establishing-established tension of the Social and Public Health Policy; as an unfinished example that its construction depends on the struggle of many generations.

The Brazilian Center for Health Studies (CEBES) has completed 35 years, forged as a social movement that fights for democracy and the right to Health, conducted and supported by many generations of fighters. It will also remain vigilant, critic, creative, constructive and active; being renewed in the struggle that makes a difference.

The National Board